

F3 Stakeholders Meeting
Tuesday, March 26, 2002
9:30 AM – 12:00 PM

DISCUSSION – Options and Ideas for:

- **EVALUATION (how to ensure accountability to principles and resulting outcomes) and**
- **INFRASTRUCTURE (what structure, policies, & procedures will this process need to ensure sustainability?)**
- Have a coalition with representation.
- Identify critical success factors and how they are promulgated to participants – demonstrating that principles are being used.
- Data to increase credibility.
- Developing processes where families are an integral part – looks the same as f3.
- Specific outcomes for child.
- Methodology to follow-up after child out of system.
- Especially need up front:
 - Change whole “corporate” atmosphere in this community;
 - People sitting around this table are STILL writing huge proposals that bear no resemblance to the f3 principles.
- One way to measure utilization of principles is to include them in those proposals.
- Does everyone agree what the landscape is?
- Coalition & checklist = to review.
- Include family membership, providers, cultural communities, cross systems – detention, juvenile justice, law enforcement, schools, etc.
- Need leadership/governance structure.
- Need funding.
- Strength-based concept in proposals.
- At what point does this entity act?
- Pre-proposal stage – how do people have access to principles?
- Mixed understanding of scope: why grant in place? Impact on county?
- Representatives here who carry “banner” into own organizations; make specific commitment relative to roles, responsibilities, etc.
- Idea of system of care – empowered by system of care, not by whole community.
- Proposals – what do they mean in system of care?
- How do partners buy in?
- E.g. – County says proposals have to incorporate system of care.
- Get to where those principles are so imbedded that you don’t think about their not being included.
- Signed memorandum of understanding.
- Set broad parameters:
 - Level of authority for system of care;
 - Training and orientation to system of care and its role;
 - Knowledge of where efforts are coming from;
 - On-going review of funding streams and where it’s directed:
 - Local;

- State, especially partners.
 - Some “have to”s.
- How to create buy-in, visibility, and relationships?
- Spotlight what “they” can see as benefits.
- Get value for what I’m getting/provider is getting.
- Create a way to gain value.
- Share statistics relative to outcomes – social marketing.
- Keeping message alive.
- If we really believe in the value, the money should follow...through proactive reimbursement thinking – reward elements of system of care for outcomes if we define constructive change, such as fewer law enforcement involvements, or more days in school.
- Need to spread risk among elements of system of care – don’t dump on providers “fix this child.”
- In order to take risk of one child, need larger base.
- Risk accepted by collective members of continuum of system of care – not one provider with child in vacuum.
- Outcomes should be looked at collectively, not narrowly, in terms of how child is functioning overall.
- How to help members of system of care see themselves in relation to each other?
- Diversify risk of failure for child by wholesale involvement in system.
- Spread the risk, multiple changing ways to respond to child – as needs of child change, so must the plan.
- Overarching monitoring because people don’t necessarily work well laterally together or federal funding streams restrict who works with child in spite of attempts to work together.
- How do we engage families and their expectations for a system of care? Ask questions: what worked for you?
- Barriers include billing for continued involvement, information exchange.
- Providers seeking collective involvement – asking, “what is your team?”
- Strong continuous quality improvement (CQI):
 - System outcomes;
 - Family outcomes.
- Need strong technical assistance to support system and break down barriers – not a watchdog hammer approach but a support system to build.
- Entities revisit operations and organizational philosophy and policies to ensure the organization is consistent with principles (technical assistance is a big help).
- Support of process assisting youth – time frame, long term, landmarks recognized, increasing stability, least restrictive, etc.
- Education that puts a face on what happened to get us here – assessment center a good example.
- Carry checklist of principles in hand.
- QUESTION: how to keep barriers – including “kingdoms”/power brokers and power bases as well as statutory parameters regarding information exchange and funding – from immobilizing efforts?
 - These are not non-negotiables;
 - Blended funding streams – pool and redistribute through state action;
 - HIPAA – Health Insurance Portability Act – a new way to handle information sharing;
 - Implementation.

How to change status quo?

- Technical assistance to build new assumptions;

- Deal with fear of losing and fear of unknown – unknown benefits, unknown risks;
 - Build a sense of common goal.
- Strategy and tactic:
- Be in front of a paradigm shift –
 - What it means and how it affects the community;
 - Incremental change at the same time.
- Important for players to know what change is coming – deadlines, times for review, etc.
- Short term AND long term goals.
- Be prepared, poised for change, open to flexibility.
- Clear mission statement.
- Connect organizational goals to larger goals, sense of collective ownership.
- Connect 60 more global outcomes that impact larger community (e.g. – who wouldn't connect to those?).
- Respect needs and motivations and different perspectives.
- Shared knowledge about what providers do and why.
- Don't wait until crisis or facing challenges to know what we need to know.